

WORK PLAN, YEAR SEVEN

October 1, 2003 – June 30, 2004
(nine months)

HORIZONS **Global Leadership, Research & Development...in HIV/AIDS**

Population Council
International Center for Research on Women
International HIV/AIDS Alliance
Program for Appropriate Technology in Health
Tulane University
Family Health International
Johns Hopkins University



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with the Population Council



SEVENTH YEAR WORKPLAN

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I. INTRODUCTION

The Horizons Cooperative Agreement, entitled *Global Leadership, Research & Development-- Best Practices in HIV/ AIDS*, was awarded by USAID in July 1997. In 2002, a cost extension was granted, to July 31,2007. The purpose of this program, which spans a crucial decade in the universal fight against HIV/AIDS, is to conduct operations research to identify and develop best practices for preventing and/or mitigating the impact of HIV/AIDS. The Horizons Program is implemented by Population Council, in close collaboration with the following institutional Partners: International Center for Research on Women, PATH, The International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University.

Overall Horizons Program objectives are to:

- Identify cutting edge issues
- Suggest refinements for existing programs and activities
- Propose innovative approaches that can be tested through field-based, program-oriented operations research
- Recommend demonstrated best practices for implementing and going to scale

This work plan covers Horizons' seventh year, the second year in Phase II of a ten-year global HIV/AIDS operations research program. Through operations research, Horizons seeks to address a wide variety of critical social, behavioral, and contextual issues that will bring about a more effective response to the HIV/AIDS pandemic. Using this research process, Horizons works closely with local research and service delivery organizations in Africa, Asia, and Latin America to test in field settings new program approaches to the prevention and mitigation of HIV/AIDS. With the epidemic expanding with each passing year and no cure in sight, finding cost and program-effective approaches to prevention and mitigation is an urgent need.

Horizons implements a balanced portfolio of research on a limited range of topics that can be addressed within the time frame and resources (financial and personnel) of the Program. There is no specific geographic focus, although greater resources are directed towards Africa, followed by Asia and lastly the Latin American region. The specific mandate of Horizons is to address operational, program, and policy-relevant issues related to HIV/AIDS that affect a relatively large geographic area, such as an entire country or region. Research topics of local interest that do not have the potential to generate findings relevant on a broader scale will not be undertaken by Horizons.

Research activities carried out by Horizons staff started soon after the Program began in mid-1997. By the end of the first five years, a majority of the ca. 80 studies initiated had been completed. Analysis of some studies from Horizons' first phase continued past the onset of the second five years, on August 1, 2002.

II. OVERVIEW OF 2004 WORK PLAN

Horizons focuses on three broad priority areas:

1. Operations research designed to improve the quality of HIV/AIDS services

Horizons have focused on moving from research ideas to program implementation. A major goal is to evaluate the potential for scaling-up interventions that were proven to be successful at a local level. Activities include scaling up pilot interventions, maximizing the quality of services rendered, and preventing and mitigating unintended consequences of new interventions, including domestic violence associated with voluntary counseling and testing (VCT), and problems related to availability of antiretroviral drugs (ARVs).

Examples of scale-up opportunities include the following:

- Prevention of mother to child transmission (PMTCT) using strategies tested in Kenya and Zambia
- Voluntary counseling and testing (VCT)
- Community based approaches to HIV/AIDS information and services in Nkwanta, Ghana
- Care and support, like the People Living with HIV/AIDS (PLHA) -friendly service approach piloted in New Delhi
- Antiretroviral therapy (ARV)
- 100 percent condom policy as in the Dominican Republic

2. Operations research designed to mitigate effects of the epidemic

This includes research to improve programs for orphans and vulnerable children, as well as adults who are affected by HIV/AIDS. Other Horizons studies in this category include integration of food assistance into HIV/AIDS programming in Uganda, and work with elderly caregivers in Kenya and South Africa.

3. Operations research on a comprehensive approach to prevent HIV/AIDS, including the ABC approach

A number of Horizons operations research activities have identified best practices while testing the synergy of different components of a comprehensive approach to prevention. Horizons work with other USAID cooperating agencies to develop suitable approaches to prevention.

Using an operations research approach, Horizons focuses on critical social, behavioral, and contextual issues that fall within these priority areas and that influence the programmatic response to the HIV/AIDS pandemic. Most activities initiated by Horizons consist of longitudinal, quasi experimental, intervention studies that test in field settings new cost effective program approaches to the prevention and mitigation of HIV/AIDS. A more limited number of Horizons activities consist of cross sectional surveys, diagnostic assessments, and workshops on emerging HIV/AIDS issues.

Horizons' specific mandate is to address operational, program, and policy-relevant issues related to HIV/AIDS that potentially can affect a relatively large geographic area, such as an entire country or region. The Program continues to focus research on the control of STIs, private sector initiatives, youth and gender issues, voluntary counseling and testing, reduction of stigma and discrimination, mother to child transmission, risk reduction through behavior change, orphans, and measuring the cost effectiveness of interventions.

As the epidemic continues to evolve, new issues emerge that become part of the Horizons agenda. Among these are the following:

- effect of the epidemic on elderly caregivers and strategies for their support (Kenya, South Africa)
- testing approaches to mitigate HIV/AIDS' impact on special population groups, e.g. teachers and health care workers (Kenya, Zambia)
- improving food security for affected households (Uganda)
- scaling up successful studies from Horizons' first phase (India, Zambia)
- testing strategies to increase adherence to Highly Active Antiretroviral Therapy (HAART) treatment (Kenya, Brazil, Thailand)
- identifying the special sexual health needs and risks of men (India, Senegal, Tanzania, Kenya)

In the last twelve months, under the second phase of Horizons, seventeen new study activities have been initiated, with a total cost of \$3,087,187. The average cost of a study is \$181,599 and the median cost is \$121,927. Fourteen of these studies will be continuing and three will be completed during 2004. Ten additional study proposals are at various stages of development and review. It is anticipated that all of these proposals will be approved early in 2004. In addition, staff is working on more than 30 concepts for studies, some of which will also probably be approved in 2004.

In addition to developing new study activities, a major focus area for 2004 will be disseminating information from completed studies. While most of Horizons' Phase One studies have been disseminated in one form or another, findings from several large study activities that were recently completed will be disseminated in 2004. Moreover, we anticipate that secondary analysis of existing data sets will result in additional reports for dissemination. Finally, we expect to have a major presence at the International AIDS conference to be held in Bangkok in July 2004, as we did two years earlier at the Barcelona conference.

The Horizons communications and dissemination unit now includes five staff, all based in Washington. They are instrumental in producing numerous reports, research summaries, newsletters, posters, and other print materials. Horizons' dissemination activities are extensive and reach thousands of individuals via the website. These efforts will continue and expand. Our goal is to reach the widest possible audience with the most relevant materials in order to have the greatest impact with the many research-generated results of the Horizons Program.

Reports on research findings have been published and widely disseminated in all regions of the world. At the International Conference on AIDS and STDs in Africa (ICASA) held in Nairobi in September 2003, Horizons research results were disseminated via 16 oral and 16 poster presentations. In addition, the Horizons CD-ROM, Findings from the Field, was updated to include new publications; more than 2,000 copies were distributed at the Nairobi conference.

Horizons will produce a final report and a research summary for each activity upon its completion. In addition, other products anticipated in FY 2004 include the following:

- Two editions of the newsletter (Horizons Report)
- Several Research Updates highlighting key research results in eleven established major theme areas (including access to treatment, gender and sexuality, prevention of mother to child transmission, behavior change, care and support, economic evaluations of HIV/AIDS interventions, community mobilization, stigma and discrimination, youth and HIV/AIDS, voluntary HIV counseling and testing, sexually transmitted infections)
- Synthesis reports with results of secondary analyses that bring together key findings across studies (e.g., youth and abstinence, HIV prevention for sex workers, etc.)
- Updated CD-ROM in time for the International HIV/AIDS conference in Bangkok (July 2004)

In May 2003, Horizons conducted a very successful symposium, presenting findings from a cluster of studies on the topic of "Strengthening Care and Support in the Home, Community, and Health Facilities". In the coming year, we will continue to present study findings on specific topics via symposia, e.g. Prevention of Mother-to-Child HIV Transmission in December 2003 and STI Management in spring of 2004.

The major challenge Horizons faces is planning and implementing a global research agenda in an uncertain and frequently changing funding environment. At the start of the second phase of Horizons, we anticipated receiving the full \$65 million in core USAID funds over a five-year period foreseen in the cooperative

agreement. It is now possible that the level of central funding will be somewhat less than that. Some additional funds can be raised through USAID Mission field support. To date, Horizons has received \$2.5 million in non-core funding (e.g. from Missions or from regional bureaus, earmarked for specific activities). We are actively seeking field support from Missions and regional bureaus to supplement core funds.

Planning and implementing a research agenda in the face of uncertain funding levels is challenging. It requires us to take a more conservative fiscal approach in order to be sure that we do not obligate more funds than we are likely to receive. It also requires us to be more conservative in both the number and scope of study activities we undertake. We must be mindful that we are not likely to have the resources or the staff capacity to undertake the full agenda we had anticipated at the beginning of the second phase of Horizons. 2004 will be an important year for Horizons. Virtually all longitudinal, intervention study activities must be developed, approved and implemented during the year to ensure that sufficient time and funds are available to complete them.

III. ACTIVITY MATRIX

Horizons collaborates with USAID's Bureau of Global Programs to achieve goals listed under Strategic Objective Number 4: reducing HIV transmission and mitigating the global impact of the HIV/AIDS pandemic. Intermediate Results under this objective are as follows:

IR 4.1 REDUCTION OF SEXUAL RISK: Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

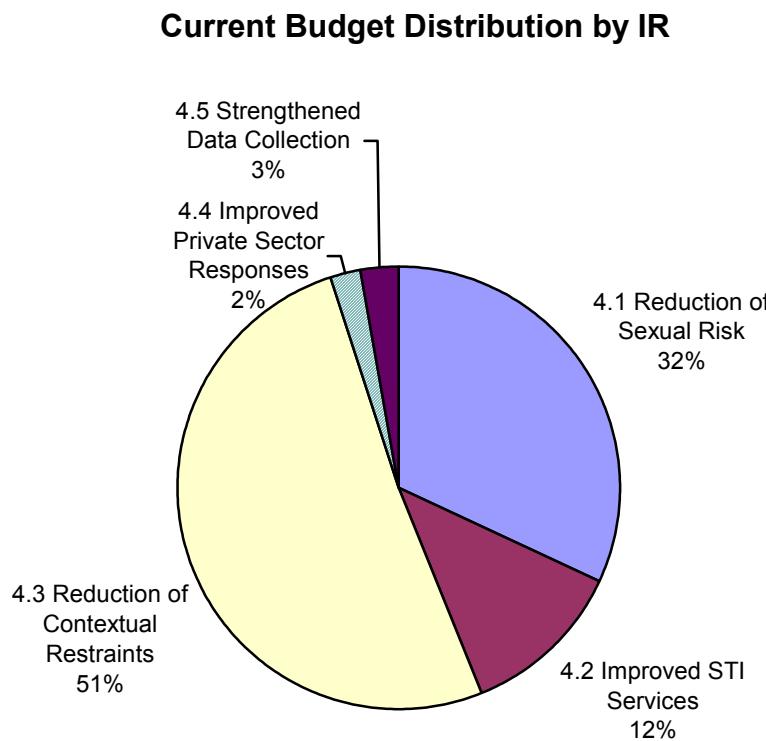
IR 4.2 IMPROVED STI SERVICES: Enhanced quality, availability and demand for STI prevention and management services

IR 4.3 REDUCTION OF CONTEXTUAL CONSTRAINTS: Improved knowledge about and capacity to address the key policy, cultural, financial, and other contextual constraints to preventing and mitigating the impact of HIV/AIDS

IR 4.4 IMPROVED PRIVATE SECTOR RESPONSE: Strengthened and expanded private sector organizations' response in delivering HIV/AIDS information and services

IR4.5 STRENGTHENING DATA COLLECTION for monitoring and evaluation: Improved availability of and capacity to generate and use data to monitor and evaluate HIV/ AIDS/STI prevalence, trends, and program impacts.

The following chart illustrates the percentage of funds that is being used for each of the above intermediate results. Please note that the estimated budgets for the full duration of these projects were used to calculate this breakdown.



The Activity Matrix on the following pages includes projects that are already being implemented as well as proposals that will be submitted for approval. After a proposal has been approved, additional information (e.g. rationale, interventions, indicators, target groups) is available in the Synergy database.

Summary Matrix

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Botswana I.R. 4.1 Reduce Sexual Risk	Attracting youth to VCT and ARV services in Botswana ID: 2/04 – 4/07 (est) Ann McCauley	Increased number of young people in Botswana coming in for VCT, ARV and other HIV services. Improved ability of service providers to work with young people. Testing of data and methods developed in Horizons I.	Expected by Oct 1, 2004: Baseline survey Implementation of intervention activities Data collection for youth and providers Analysis and write-up of baseline findings	\$177,000 (\$70,000)	Gates Foundation, UNFPA, Pathfinder International, University of Botswana
Brazil I.R. 4.2 Improve STI Services	Addressing the HIV prevention, testing and treatment needs of mobile populations: Focus on truck drivers in Brazil ID: Horizons #223 InHouse #11763 1/03 - 11/05 Julie Pulerwitz Juan Diaz Johannes Van Dam	Multi-component HIV prevention intervention, including BCC campaign, mobile VCT, outreach, and STI prevention services. Network established of treatment and support centers for HIV + truckers. Increased HIV prevention behaviors, increased utilization of VCT, increased access and adherence to HIV care, including ARV treatment. Condom use; partner reduction; quality of life.	By Oct 1, 2003: Development and approval of proposal Administration of baseline Expected by Oct 1, 2004: Analysis and write-up of baseline findings Implementation of intervention activities Data collection for VCT and recruitment of HIV + cohort	\$197,700	USAID/Brazil, DKT, Ministry of Health, Brazil
Brazil I.R. 4.3 Reduce Constraints	Promoting more gender - equitable norms and behavior among young men as a strategy for HIV/AIDS prevention ID: Horizons #201 Sub #A102.014A 3/02 - 5/04 Julie Pulerwitz	Gender-equitable condom promotion IEC materials. Peer education curricula. Effective strategies to promote gender-equitable and reduced HIV risk behaviors among young men and their partners.	By Oct 1, 2003: Implementation of intervention activities Analysis of baseline findings Expected by Oct 1, 2004: Report on baseline findings Analysis of follow-up of quantitative and qualitative data collection Local dissemination of key findings from first round of follow-up	\$178,286	Instituto PROMUNDO

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Burkina Faso IR: 4.3 Reduce Constraints	Economic strengthening and its contribution to supporting OVC programs ID: 3/04 - 2/07 Chris Castle Laelia Gilborn	Understanding of the contribution of micro-health insurance and micro-finance schemes to supporting community responses to OVC	Expected by Oct 1, 2004: Proposal developed Project started Instruments developed Baseline data collected and report circulated	\$225,000 (\$65,000)	IPC, ILO, Aquadev, International AIDS Alliance
Cambodia I.R. 4.3 Reduce Constraints	Community mobilization to support OVC along the Thai-Cambodia border ID: Horizons #244 1/03 - 1/05 Vaishali Sharma Mahendra Laelia Gilborn	Lessons learned about community mobilization in communities destabilized by poverty, conflict, genocide and migration. Strategies to improve long-term planning for and support to OVC in such a setting.	Expected by Oct 1, 2004: Proposal submitted OR started	\$274,000 (\$100,000)	CARE Cambodia
Ghana I.R. 4.1 Reduce Sexual Risk	Integrating HIV/AIDS services into the Community-Based Health Planning and Services (CHPS) Initiative in Nkwanta District, Ghana ID: Horizons #257 36 months Placide Tapsoba Bob Miller	Detailed tested plan for integrating HIV/AIDS prevention, care and support activities into CHPS delivery system. Energized communities mobilized to participate in HIV/AIDS prevention, care and support. Improved knowledge and support for HIV/AIDS activities among CHPS workers. Increased abstinence, fidelity, and condom use especially among youth.	Expected by Oct 1, 2004: Project staff and interviewers recruited Interviewers trained Instruments developed and pre-tested Baseline survey data collected Data analysis begun	\$200,000 (est.) (\$100,000)	Ghana Health Service, Nkwanta Health Dev. Centre, Policy, Planning Monitoring and Evaluation
Ghana I.R. 4.4 Improve Private Sector Response	Testing cost-benefits of HIV/AIDS VCT, private sector ID: 12/03 – 11/05 (est) Johannes van Dam Bob Miller Placide Tapsoba	Detailed report evaluating the intervention, as well as cost-benefit analysis for companies to provide HAART to employees. Program recommendations on public-private partnerships in HAART, with a special emphasis on health insurance and cost-benefit analyses.	Expected by Oct 1, 2004: Proposal submitted and approved OR begun	\$100,000	CMS, Pharmaccess, Heineken, Unilever

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Global I.R. 4.1 Reduce Sexual Risk	Review of VCT Programs for youth (in cooperation with WHO) ID: Horizons #240 part of Sub #A103.11A 1/03 - 1/04	Review document produced	By Oct 1, 2003: Paper produced Expected by Oct 1, 2004: Study completed	\$3,114	ICRW, WHO
Global I.R. 4.1 Reduce Sexual Risk	PMTCT In-depth program evaluation ID: Horizons #254 8/03 - 8/05	Detailed evaluation reports of PMTCT interventions. Program recommendations for strengthened PMTCT interventions.	By Oct 1, 2003: Evaluation plan developed Expected by Oct 1, 2004: 2-3 studies initiated 1 cost study completed Recommendations to strengthen effectiveness of PMTCT programs improved (under Presidential Initiative)	\$600,000 (\$250,000)	Multiple partners in multiple sites
Global I.R. 4.3 Reduce Constraints	Research assistance on paper reviewing Horizons abstinence data ID: Horizons #245 part of Sub #A103.11A 1/03 - 10/03	Paper on abstinence and youth as reported in the Horizons school studies. Greater understanding of abstinence as a strategy for HIV prevention.	By Oct 1, 2003: Paper drafted Expected by Oct 1, 2004: Report produced	\$7,785	ICRW

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Global	<p>Partnership with International Center for Research on Women (ICRW)</p> <p>ID: Horizons #226 Sub #A102.38A 8/02 - 8/07</p> <p>Beverly Ben Salem</p>	<p>Seconded staff from ICRW are responsible for developing and managing activities in specific technical areas (e.g. gender, adolescents) with respect to HIV/AIDS. Findings of these studies will reduce HIV risk of women and men, help adolescents adopt protective behaviors, and promote treatment, support and care services that are more responsive to gender and sexuality issues. Additionally, a seconded ICRW staff member serves on the Program Direction Team and takes a lead role in communication and dissemination activities that reach different target audiences, inform policy-makers, and promote program development and replication.</p>	<p>By Oct 1, 2003: Dissemination of Horizons study findings. Review of concept papers and proposals. Initiation of study on HIV risk and violence in Tanzania, and VCT and youth in Zambia. Preparation of study proposals in Botswana, Uganda, and South Africa. Consulted on Horizons planning and direction.</p> <p>Expected by Oct 1, 2004: Papers written for journal publication on the following studies: male involvement in ANC, school-based HIV/AIDS programs, youth and VCT, MSM, and sex work. Review of concept papers and proposals. Initiation of studies in Uganda, Botswana, Rwanda, and Kenya. Consult on Horizons planning and direction.</p>	<p>\$2,155,887 (\$430,150)</p> <p>ICRW staff and 2 seconded staff (in DC), Study partners in Botswana, India, Nigeria, South Africa, Tanzania, Uganda, and Zambia</p> <p>\$817,452 (\$155,050)</p> <p>3 part-time staff at Tulane University, Study partners in India, Burkina Faso, Rwanda, South Africa, and Kenya</p>	
Global	<p>Partnership with Tulane University</p> <p>ID: Horizons #227 Sub #A102.39A 8/02 - 8/07</p> <p>Naomi Rutenberg Beverly Ben Salem</p>	<p>Tulane helps to develop, implement, and monitor studies. They also provide technical support to ensure the quality of Horizons studies, through ongoing monitoring and evaluation of the overall program.</p> <p>Results of this work include quality assurance of Horizons' studies around the globe as well as increased information available regarding HIV/AIDS prevention.</p>	<p>By Oct 1, 2003: Completed/published final reports for: Transitions to Adulthood and YRG CARE, client perspectives study. 3-5 articles submitted to peer-reviewed journals on Transition and YRG Care studies. New studies developed: Rwanda OVC; stigma (YMCA, So. Africa).</p> <p>Expected by Oct 1, 2004: Complete phase 1 of Rwanda OVC study: baseline study. Begin intervention of Rwanda OVC study. Implement Zimbabwe OVC study. Complete proposal for Amkeni stigma study in Kenya. Initiate phase 1 of Amkeni stigma study.</p>		

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Global	<p>Partnership with Johns Hopkins University ID: Horizons #228 Sub #A102.40A 8/02 - 8/07</p> <p>Beverly Ben Salem</p>	<p>Johns Hopkins University continues to provide technical assistance to Horizons to develop and implement its agenda. <u>DR 100% condom intervention study is expected to 1) reduce HIV & STI infection and transmission among female sex workers and their clients 2) enhance policy support for HIV prevention in the DR 3) provide global insights of the efficacy of structural interventions for HIV prevention.</u> <u>Brazil ARV study</u> is expected to: (1) decrease negative social and behavioral outcomes of using ARVs to treat HIV, (2) increase adherence to ARV therapy, (3) enhance policy support for appropriate ARV treatment in developing countries globally. <u>Zambian Youth VCT study</u> is expected to: (1) identify gaps in access to HIV VCT among youth, (2) identify the role of the family in decisions of youth to be tested for HIV, and (3) identify optimal ways to incorporate family into HIV VCT services targeted to youth.</p>	<p>By Oct 1, 2003: DR study: completed field activities and final report submitted. Brazil study: proposal approved; study instruments drafted; IRB approval received. Zambia: proposal completed and approved; subawards issued to partners.</p> <p>Expected by Oct 1, 2004: DR study: Conduct additional analysis on data, draft additional papers, submit current papers for peer reviewed publication, present study results at AIDS Conference in Bangkok, work with Dominican policy makers in dissemination of results to encourage policy action. Brazil study: initiate field activities, enroll study subjects for baseline assessment. Zambian study: continue to enroll study subjects, undertake data analysis, draft final report, present study results at AIDS Conference in Bangkok, submit publications for review.</p>	\$576,183	JHU School of Public Health, Study partners in DR, Brazil, and Zambia

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Global	<p>Partnership with Family Health International (FHI)</p> <p>ID: Horizons #229 Sub #A102.41A 8/02 - 8/07</p> <p>Naomi Rutenberg Beverly Ben Salem</p>	<p>FHI provides technical support to Horizons in the areas of cost and cost effectiveness analysis. Seconded and other staff review study concepts and proposals, prepare study proposals, consult with Horizons for planning and direction, and assist to conduct cost effectiveness analysis of Horizons studies. Cost of service and cost-effectiveness of approaches suggested by research results are taken into account in every Horizons study.</p>	<p>By Oct 1, 2003: Finished economic evaluation of the studies conducted earlier, including PMTCT, YRG Care, India, peer education with Vietnam construction workers, several studies on STI prevention. Helped to review new study concepts and proposals, prepare OR proposals, and conduct and analyze them.</p> <p>Expected by Oct 1, 2004: Provide preliminary analyses from the Mombasa ARV adherence study, the South African Caregivers study, and a study to strengthen social capital among key populations in Andhra Pradesh, India. Launch PMTCT studies under the President's Initiative in two sub-Saharan African countries.</p>	\$1,813,989 (\$363,000)	FHI, Study partners in the field
Global	<p>Partnership with International HIV/AIDS Alliance</p> <p>ID: Horizons #230 Sub #A102.42A 8/02 - 8/07</p> <p>Beverly Ben Salem</p>	<p>The Alliance contributes in key areas such as community participation and mobilization. Seconded staff and others develop activities and conduct studies in those area, as well as NGO support and capacity-building, sex work projects, care and support services, and policy change.</p> <p>Seconded staff has managerial responsibility related to those studies as well as providing input and analysis of other Horizons proposals and studies.</p>	<p>By Oct 1, 2003: YRG CARE scaling up research (both components) - completed and disseminated final study reports for PLHA involvement study – completed and disseminated final summary reports including French translation. Scaling up NGO HIV programs-completed and distributed book published by ITDG. Reviewed study concepts and proposals; prepared OR study proposals. Consulted on Horizons planning and direction.</p>	\$1,001,793 (\$198,000)	<p>International HIV/AIDS Alliance staff (UK), 1 seconded staff in DC, Study partners in Burkina Faso, Ecuador, Zambia, Brazil and India</p> <p>Expected by Oct 1, 2004: Brazil sex work study - complete and disseminate final study report. Review study concepts and proposals. Prepare OR study proposals. Consult on Horizons planning and direction.</p>

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Global	Partnership with Program for Appropriate Technology In Health (PATH) ID: Horizons #231 Sub #A102.43A 8/02 – 8/07	PATH staff review / develop OR study concepts / proposals, and consult on Horizons planning and direction. Focus is on OR studies that assess behavioral change interventions with an emphasis on stigma and discrimination, gender, partner violence, male involvement and youth.	By Oct 1, 2003: Completed special session at Men and RH meeting in Dulles, VA, working toward development of common indicators and measurement tools for studies addressing men and HIV prevention, measure masculinity/gender norms across studies (incl. Brazil). Developed several concept papers. Expected by Oct 1, 2004: Finalize paper elaborating lessons learned about BCC in Horizons OR projects. Complete final report for Zimbabwe OR Study on Male Involvement in Maternal Health. Disseminate report on baseline data for Nicaragua OR Study re Communication for Social Change. Conduct dissemination mtg and complete report on first round follow-up data collection for Brazil gender- norm study.	\$2,211,077 (\$404,602)	Seconded staff in DC (1) & Nairobi (1), PATH staff in DC, Kenya, Vietnam, Study partners in Nicaragua, South Africa, Kenya, Zambia, Brazil and India
Global	Beverly Ben Salem	PATH BCC staff provides ongoing review of studies, proposals and reports, quality assurance for Horizons BCC/BCL projects. PATH BCC staff reviews HIV/AIDS-related BCC programs, tools, curricula, and related materials if requested by Horizons.	PATH has developed a training module (with job aids) to improve confidentiality & privacy in RH services (incl. STI/HIV/AIDS programs). PATH can train staff and/or study personnel if requested by Horizons.		
Global	Communications and Dissemination ID: Horizons #110 InHouse #11745 8/97 - 8/07 Ellen Weiss	Dissemination of Horizons program and activity results to diverse global audience, through final study reports, interim and evaluation reports, secondary analyses, literature reviews, workshop reports, project newsletters, and conference activities.	Continuous InHouse project over 10 years (see section 1 for more details): Reports and summaries of Horizons studies written and disseminated by various means, including meetings, conferences, and site visits. Newsletters concerning Horizons activities and status of reports written and widely disseminated.	\$978,348 (\$300,000)	ICRW, PATH, International HIV/AIDS Alliance, Johns Hopkins University, Tulane University, FHI, Population Council

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Global I.R. 4.5 Strengthen Data Collection	Project Development ID: Horizons #126 InHouse #11760 1/02 - 9/04 Naomi Rutenberg	A variety of small, formative research activities intended to support the development of Horizons research proposals. Better developed research conducted by Horizons projects.	By Oct 1, 2003: Preliminary data collection in Thailand on the potential to use ARVs Consultant in Uganda re HIV and food security study Expected by Oct 1, 2004: Data on coping strategies among PLHA for many years in South Africa	\$120,000 (\$20,000)	Partner organizations, Study partners in the field
Global	Expanding Horizons communications and dissemination outreach ID: Horizons #234 part of Sub #A103.11A 1/03 - 8/04 Ellen Weiss	Strategically targeted publications. Face-to-face communication. Increased awareness and uptake of Horizons findings for program and policy development. Publications written, adapted, and disseminated.	By Oct 1, 2003: Developed and began implementation of a strategy for effective dissemination to program practitioners, decision-makers, and advocates focusing on Horizons 6 key research themes. Expected by Oct 1, 2004: Carry out dissemination strategy that includes the following: electronic dissemination, meetings and conferences, and media work.	\$92,638	ICRW
Global	Systematic review of HIV intervention effectiveness in developing countries ID: Horizons #241 Sub #A103.19A 4/03 - 4/04 Andy Fisher	Four literature reviews. Background papers for OR studies.	By Oct 1, 2003: First review completed Expected by Oct 1, 2004: Complete remaining three reviews	\$126,109 (\$30,000)	JHU School of Public Health

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Global: Brazil, Cambodia, Ghana, Latvia	Addressing the problem of RTI: Developing a program guidance tool ID: Horizons #51 Sub #A101.016A InHouse #11711, 11750, 11756 12/98 - 7/04	Development, implementation, and evaluation of strategic process for decision making to prioritize interventions for established sexually transmitted and other reproductive tract infections. Improved approaches to STI/RTI service delivery.	By Oct 1, 2003: Phase 2 of the field test being implemented in all 4 countries Case studies on Phase 1 prepared and disseminated Guidance documents prepared and disseminated Evaluation of Phase 1 completed Phase 2 underway	\$300,000	WHO, UNAIDS, National AIDS Control Program Ministry of Health-Ghana
I.R. 4.2 Improve STI Services	Johannes van Dam		Expected by Oct 1, 2004: Monitoring of ongoing implementation of identified priority activities	\$75,000	Johns Hopkins University
Global: Thailand, Zimbabwe, South Africa, Tanzania	Testing the links between stigma and VCT ID: 1/04 –8/07 (est) IR: 4.3 Reduce Constraints	Examination of how stigma is manifested and can be measured in different cultural contexts. Links tested between stigma and VCT.	Expected by Oct 1, 2004: Develop study proposal Develop stigma measures for the project Submit papers on the study in the peer reviewed press for publication Conduct formative research in field sites Present study results at AIDS Conference in Bangkok Complete baseline assessments	\$327,217	IEG, SHARAN, National AIDS Control Organization
India	Improving the hospital environment for HIV positive clients in India ID: Horizons #77 Sub #A100.15A; A100.009A InHouse #11740 01/00 - 12/03 Vaishali Sharma Mahendra Laelia Gilborn	Improved understanding of policies, circumstances, values and perceptions that contribute to hospital-based stigma and discrimination against PLHA. Indicators to measure hospital based stigma and discrimination. Completed action plan for each hospital. Guidance tool for trainers of health care workers. Action plan steps taken by hospital. Study hospitals are friendlier. Staff attitudes and knowledge toward PLHA improved.	By Oct 1, 2003: Completed follow-up survey Finalized and disseminated intervention “tools”: PLHA-friendly Checklist, Participatory Training Manual; Hospital Guidelines on HIV/AIDS Care; IEC materials on Universal Precautions. Expected by Oct 1, 2004: Final report Hold national dissemination meeting in New Delhi Submit articles to peer reviewed journals		

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
India I.R. 4.4 Improve Private Sector Response	Introduction of counseling and referral services into private sector HIV testing centers in Chennai City ID: Horizons #211 1/04 – 7/06 (est) Chris Castle	Counseling and referral services introduced into private laboratories. Strategies determined to introduce counseling services in private labs. Extent to which clients utilize referral services determined. Referral list developed. Assessment of cost of introducing counseling services. Increased HIV preventive behaviors and access to HIV services for PLHA.	Expected by Oct 1, 2004: Proposal developed and approved Research team set up Instruments developed Data collection initiated	\$130,000	YRG Care
India I.R. 4.3 Reduce Constraints	Addressing masculinity as a strategy to reduce HIV/AIDS related risky sexual behavior among men ID: Horizons #216 1/04 –12/06 Ravi Verma Julie Pulenvitz Vaishali Sharma Mahendra	Gender-equitable IEC materials. Education curricula. Effective strategies to promote gender-equitable and reduced HIV risk behaviors among young men and their partners.	Expected by Oct 1, 2004: Conduct and review formative research results Concept paper and proposal developed and approved Training of facilitators conducted Baseline data collected	\$200,000	Committee for Resource Organization, International Institute for Population Sciences Center for International Community Health, University of Connecticut
India I.R. 4.3 Reduce Constraints	Reducing HIV risk behavior among key populations by strengthening programs through community involvement ID: Horizons #219 Sub #A103.32A 7/03 - 7/07 Chris Castle	Extent to which NGOs have become more client centered determined; characteristics of population groups that become involved; influence of social capital on HIV outcomes. Impact of an integrated community involvement approach to HIV prevention determined. NGO involvement. Decreased risky behavior in key population. Decreased STIs. Increased use of VCT. Increased ABC behaviors.	By Oct 1, 2003: Proposal approved Instruments developed and field-tested Expected by Oct 1, 2004: Baseline data collected Report completed	\$404,669 (\$82,000)	Administrative Nursing School, Alliance/India National Institute of Public Health (INSP)

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
India IR: 4.1 Reduce Sexual Risk	Phase 1: Assessment of adherence to treatment and sexual risk behavior among PLHA receiving ART: A diagnostic study Phase 2: Strategies to promote adherence to treatment and preventive behavior - an intervention study ID: Phase One: 11/03 - 4/04 Phase Two: 8/04 - 6/07	Improved understanding of adherence to treatment and high-risk behavior among PLHA receiving ART in India. Improved understanding of the factors that influence adherence to treatment in India. Strategies to promote adherence and preventive behavior identified and tested. Improved adherence to treatment. Increased HIV prevention.	Expected by Oct 1, 2004: Diagnostic study completed Proposal for intervention study (phase 2) developed and approved Data collection instruments developed Patient recruitment and data collection initiated	Phase 1 : \$25,000 Phase 2: Details to be worked out	Ruby Hall Clinic and Grant Medical Foundation, Pune Employees State Insurance Corporation Institute for Economic Growth
India I.R. 4.3 Reduce Constraints	Promoting self-assessment of risk and its management as a strategy to change men's risky sexual behavior and prevent HIV infections ID: 3 years	Increased voluntary utilization of VCT services by promoting self-assessment of risk among men in the community and sustained behavior change through high quality VCT services.	By Oct 1, 2003: Concept paper circulated Expected by Oct 1, 2004: Proposal developed and approved Baseline completed	\$250,000	Karnataka / Andhra State AIDS Control Society, SAMRAKSHA, a community based NGO

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
India I.R. 4.3 Reduce Constraints	PMTCT Plus Model - providing a continuum of care and support for HIV-positive women post-delivery to improve their quality of life ID: 36 months	Assessment of care and support needs of HIV-positive women post-delivery. A PMTCT Plus Model - package of interventions for HIV-positive women. Report on PMTCT Plus program. Improved quality of life of HIV-positive women participating in PMTCT Plus program.	Expected by Oct 1, 2004: Proposal developed and approved Research team hired Needs assessment completed Data collection instruments developed Recruitment of cohort of HIV-positive pregnant women initiated Data collection initiated	\$250,000 (\$40,000)	Tentative: Freedom Foundation, AWAKE
India IR. 4.3 Reduce Constraints	Vaishali Sharma Mahendra Avina Sama Naomi Rutenberg Laelia Gilborn	Improved understanding of MSM risk behaviors. Developing 'well-being' BCC strategy. Determine impact/effectiveness of BCC strategy at promoting 'well-being'. ID: 36 months	Expected by Oct 1, 2004: Proposal approved Research study initiated Needs assessment to inform development of BCC strategy conducted Development of data collection tools and BCC strategy initiated	\$ 180,000 (\$ 30,000)	Tentative: Naz Foundation International, Sahodaran, Naz India
Kenya I.R. 4.1 Reduce Sexual Risk	Vaishali Sharma Mahendra Ravi Verma	Data on MSM HIV/STI risk. Health-seeking behavior. Safer sex including condom use. Increased understanding of men's risk and opportunities for meeting their health needs. ID: Horizons #213 Sub #A103.22A InHouse #11766 4/03 - 10/04 Susan Kaa Harriet Birungi Chris Castle	By Oct 1, 2003: Proposal approved Research team identified Data collection instruments developed Data collection initiated Expected by Oct 1, 2004: Baseline data collected Report completed	\$121,927 (\$65,000)	FRONTIERS, AFHRC, Galibitra, Ishtira

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Kenya I.R. 4.1 Reduce Sexual Risk	OR around the introduction of ARVs in the management of HIV infected individuals in Mombasa, Kenya ID: Horizons #207 Sub #A103.26A InHouse #11767 5/03 - 11/05 Avina Sama Johannes van Dam Susan KaaI	Report on cost analysis of intervention and economic impact on households. Improved understanding of the factors influencing adherence. Indicators related to the intervention (training of service providers, infrastructure strengthening, clients served). Indicators related to research (training of research staff, questionnaires developed, study participants recruited, participants completing study). Trainer's manual for Adherence Counseling.	By Oct 1, 2003: Finalize proposal Implementation of intervention activities (train staff, start recruitment of clients, collect baseline data for these clients, initiate mDOT activities) Collection of cost and economic impact data Expected by Oct 1, 2004: Recruitment of study patients completed Data collection ongoing Baseline may be completed DAART implementation ongoing	\$519,639 (\$225,325)	FHI/IMPACT, MSH, RPM, Ministry of Health, ICRH
Kenya I.R. 4.3 Reduce Constraints	School as a workplace: addressing the psychosocial burden of HIV/AIDS among teachers in Kenya ID: Horizons #218 9/03 - 3/05 Karusa Kiragu	Better understanding of how teachers are coping with HIV/AIDS, and a tested model on how HIV/AIDS issues can be addressed in the education sector. Improved knowledge and attitudes about HIV/AIDS among teachers. Stigma reduction, increased use of VCT, and adoption of safer sexual behaviors. Calculation of cost of intervention, and assessment of policies governing HIV/AIDS-related issues among teachers.	By Oct 1, 2003: Proposal approved Research team identified Data collection instruments drafted Expected by Oct 1, 2004: Baseline report completed Interventions under way Monitoring system being implemented Cost data being collected	\$110,000	UNICEF, Ministry of Education, Center for British Teachers, University of Nairobi
Kenya I.R. 4.3 Reduce Constraints	Impact of HIV/AIDS on elderly caregivers in Kenya ID: Horizons #253 8/03 - 7/05 Andy Fisher Milka Juma	National survey on elderly, OR intervention study designed and implemented on basis of survey data to assess well-being (social, psychological, and physical) of the elderly.	By Oct 1, 2003: Concept paper approved Data collection tools developed Interviewers identified Expected by Oct 1, 2004: Research tools pilot tested National survey with older people conducted	\$54,879 (\$54,879)	UNFPA, Central Bureau of Statistics, Kenya HelpAge

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (\$4 Obligations)	Partners	
Kenya	ICASA ID: Horizons #246 InHouse #11770 7/03 - 11/03	Presentations on Horizons studies and display booth to distribute Horizons publications. Increased understanding of selected HIV/AIDS topics. Participation in satellite sessions.	By Oct 1, 2003: 15 oral presentations & 16 posters made Horizons publications distributed, included updated CD Expected by Oct 1, 2004: No ICASA conference in 2004	\$28,004		
Kenya	Ellen Weiss The forgotten caregivers: address the needs of older caregivers in western Kenya ID: 10/03 - 04/06 Milka Juma Andy Fisher	Intervention that trains older caregivers to provide better care to PLHA and OVC and to help them cope. Improved knowledge and skills in caring for PLHA and OVC, and coping mechanisms. Improved psychological, social and physical well-being of older caregivers.	By Oct 1, 2003: Formative research done Concept paper submitted Expected by Oct 1, 2004: Proposal developed and approved Research tools developed and pre-tested Baseline survey conducted	\$ 195,000	Plan International, Kenya Population Studies and research Institute, University of Nairobi	
Kenya	I.R. 4.3 Reduce Constraints ID: 1/04 - 12/06 (est)	Beacon of hope: The Girl Guides program to mitigate HIV impact in Kenya by involving young guides and their parents	Better understanding of how to reach pre-pubescent and adolescent girls with information about sexuality and HIV/AIDS. Increased understanding of parent-child communication in Kenya.	By Oct 1, 2003: Concept paper submitted to Horizons Expected by Oct 1, 2004: Intervention under way Parent-child communication materials completed and being distributed Baseline data collected Report completed	\$125,000 (\$100,000)	PATH-Kenya
Kenya	Karusa Kiragu Consistent HIV risk reduction messages for youth ID: 1/04 – 12/06 (est) Julie Pulterwitz	Understanding and impact explored of different combinations of ABC risk reduction messages for youth.	Expected by Oct 1, 2004 Proposal developed and approved Baseline data collected	\$150,000		

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Kenya I.R. 4.3 Reduce Constraints	Reducing stigma and discrimination in the health care setting ID: 1/04 –12/06	Strategy tested to reduce stigma and discrimination in the health care setting.	Expected by Oct 1, 2004 Proposal developed and approved Baseline data collected	\$250,000	Tulane U. AMKENI, Engender Health
Nicaragua I.R. 4.1 Reduce Sexual Risk	Promoting stigma reduction, gender equity, and collective efficacy for HIV prevention via communication for social change programs ID: Horizons #252 InHouse #411771 5/03 - 1/06	Mass media campaign designed and implemented; evaluative report written. Increased understanding of HIV/AIDS risk and prevention factors, including stigma and discrimination, increased individual ABC prevention behaviors and community risk reduction.	By Oct 1, 2003: Proposal developed and approved Mass media campaign designed Baseline data collection instruments designed Expected by Oct 1, 2004: Baseline data collected and analyzed Report written on key baseline findings Intervention activities implemented, including TV show, radio show, and community training	\$16,000	Puntos de Encuentro Preventive Medicine Dept, Nat'l Univ of Nicaragua, UNAN-León, PATH
Regional: East and Southern Africa	Development of a training course in utilization of research results ID: Horizons #63 Subaward #A199.60A 6/99 – 9/03 Naomi Rutenberg	Development, implementation, and assessment of detailed course curriculum on utilization of research results; 25-40 people trained in methods; revised curriculum and strategy. Increased skills of program managers to utilize data and thus enhanced effectiveness of their HIV/AIDS programs.	By Oct 1, 2003 Submitted successful proposal to convene an expert group meeting to review research training needs and capacity in region and explore opportunities for developing operations research training course.	\$135,000	Regional AIDS Training Network

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Rwanda I.R. 4.2 Improve STI Services	Assessing the psychosocial benefits of a community-based home visitation program for OVC in Rwanda ID: Horizons #220 9/03 - 8/06 Laelia Gilborn	Intervention that mobilizes and trains adult volunteers to provide psychosocial support to OVC through home visits. Improved psychosocial well-being of children: connectedness with family and community, depressions, anxiety, self-esteem, sexual behavior, school attendance, felt and enacted stigma.	By Oct 1, 2003: Proposal approved Expected by Oct 1, 2004: Formative research completed Training modules for volunteer adult home visitors and research tools developed and piloted Baseline focus groups and survey with adults and youth conducted Baseline data analyzed and disseminated Training materials for intervention completed Training of mentors completed Baseline cost data collected and analyzed	\$486,221 (\$200,000)	Tulane University, Rwanda School of Public Health, World Vision Rwanda
Rwanda I.R. 4.3 Reduce Constraints	Promoting partner reduction through pre-marital counseling ID: 4/04 – 6/07 (est)	Identified strategies to best promote partner reduction and monogamy among couples	Expected by Oct 1, 2004 Develop concept paper Concept paper approved Research project started	\$250,000 (\$75,000)	IMPACT/FHI
Senegal I.R. 4.2 Improve STI Services	Monitor(s): Ann McCauley Responding to the HIV/STI risks and health needs of men in Dakar, Senegal ID: Horizons #225 Sub #A103.08A InHouse #11765 2/03 - 9/05 Chris Castle Placide Tapsoba Amadou Moreau	Detailed report on use by men of clinical and other services. Reduction of STIs among men. Number and characteristics of men who use clinical services. STIs treated and men with HIV referred for care and treatment. Stigma and discrimination reduced for men seeking services and within the community. Satisfaction of clients. Positive attitude change of providers.	By Oct 1, 2003: Service provided to men Completion of baseline questionnaire and draft baseline report completed Completion of media sensitization workshop Expected by Oct 1, 2004: Qualitative data collected and baseline report finalized and disseminated Expanded services provided to men and greater coverage	\$146,241 (\$47,000)	CERFORMS, CNLS, FHI, Univ. Cheikh Anta Diop, ACI, OPALS, ANCS

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Senegal	Dissemination of Horizons program research results ID: 8/03 - 3/04 Placide Tapsoba Amadou Moreau	Horizons research outcomes translated into French (research abstracts, reports, documentary supports, bibliographies, etc.) Produced in (1) electronic and (2) printed formats Horizons documents which have been identified for dissemination. Greater access to Horizons' research outcomes to Francophone institutions and individuals engaged in the fight against HIV/AIDS.	Expected by Oct 1, 2004: Translation of all documents identified by Horizons CDU as of December 2002	\$16,100	African AIDS Research Network
South Africa	Addressing stigma and strengthening prevention, care, and support services for workers ID: Horizons #32 Sub #C100.105A InHouse #11749 11/00 - 01/04 Eka Williams Julie Pulenwitz	Stigma reduction strategies. Peer education materials with stigma reduction and care and support component. Improved approaches for HIV related stigma reduction and prevention. Care and support for workers and their families. Level of stigma. Utilization of HIV related services. Reduced HIV/AIDS risk.	By Oct 1, 2003: Implementation of intervention activities Expected by Oct 1, 2004: Follow-up quantitative and qualitative data collection Analyze and write up results of the intervention's impact	\$156,375	ESKOM, DRA
South Africa	Technical assistance to the Nelson Mandela Children's Fund (NMCF), Goelama Project ID: Horizons #236 InHouse #11764 9/02 - 9/04 Eka Williams Naomi Rutenberg	Process report. Improved capacity of NMCF to implement and evaluate small scale OR activities. Greater attention to needs of orphans. New evaluation personnel in place at NMCF. Activities identified and OR studies implemented.	By Oct 1, 2003: TA provided Expected by Oct 1, 2004: TA provided	\$152,000	NMCF, Frontiers

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
South Africa I.R. 4.3 Reduce Constraints	A cost analysis of models of PLHA care-givers in South Africa ID: Horizons #224 8/03 - 9/04	Interviews with PLWHA. Improved knowledge of actual costs. Cost to PLHA households of caregiving with or without formal caregiver services. Measure of extent to which needs of PLHA are met by formal caregivers.	By Oct 1, 2003: Study approved Instruments finalized Expected by Oct 1, 2004: Study completed	\$127,512 (\$47,773)	NMCF, Hope World Wide Program Medical Care Dev. Int'l DOH Financed Programs
South Africa I.R. 4.3 Reduce Constraints	Monitor(s): TBD	Presentations and display booth on HIV/AIDS. Increased understanding of selected HIV/AIDS topics. Horizons publications distributed.	By Oct 1, 2003: Oral and poster presentations made Publications distributed Expected by Oct 1, 2004: No SA AIDS conference for 2004	\$8,020	
South Africa I.R. 4.3 Reduce Constraints	South African AIDS Conference ID: Horizons #251 InHouse 11768 6/03 - 11/03	Ellen Weiss The elderly as HIV/AIDS care givers: An assessment of the burden of HIV/AIDS care giving on the elderly in the Eastern Cape Province of South Africa ID: Horizons #256 9 months	Research report – qualitative and quantitative; instruments developed; OR proposal developed and implemented.	Expected by Oct 1, 2004: Proposal developed and approved Baseline completed \$50,000 (\$50,000)	Medical Research Council of South Africa, Agi-in-Action
Tanzania I.R. 4.3 Reduce Constraints	Andy Fisher Eka Williams Reducing young men's HIV risk behaviors and enabling women's HIV preventative behaviors ID: Horizons #204 Sub #A103.09A; A103.10A 4/03 – 3/06 Ann McCauley	Reducing young men's HIV risk behaviors and enabling women's HIV preventative behaviors By Oct 1, 2003: Baseline study completed Baseline data reported Intervention begun Expected by Oct 1, 2004: Intervention in progress	Baseline and final reports. Presentations. Publications. Safer behavior among young men. Reduction in violence of young men towards women. Increases in women's ability to negotiate safe sex and to choose an HIV test. Reduction in number of reported incidents of unprotected sex; of concurrent partners; and of incidents of violence against women.	\$250,273 (\$125,150)	Johns Hopkins University School of Public Health , JHU CCP, Univ. of Dar es Salaam Drama Dept.

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Tanzania I.R. 4.3 Reduce Constraints	Testing community stigma reduction strategies ID: 10/03 – 5/06 Lisanne Brown	Successful strategies identified to reduce community-based stigma and discrimination and increase service utilization.	Expected by Oct 1, 2004: Complete proposal Complete baseline survey Initiate qualitative research Initiate intervention	\$235,327 (\$104,751)	ICRW, Muhibili U.
Thailand I.R. 4.1 Reduce Sexual Risk	Reducing drop-outs & increasing adherence rates among PLHA on HAART in Northern Thailand ID: Horizons #237 30 months Patchara Rumakom Simon Baker	Increased knowledge and confidence on providing HAART, ARV counseling, reducing stigma and discrimination for PLHA care. Reduced dropout and increased adherence rates. Improved attitude about caring for PLHA with HAART. Improved caregiver and patient interaction. Self-efficacy among PLHA.	By Oct 1, 2003: Proposal approved Expected by Oct 1, 2004: A nested study completed Practical ARV treatment guidelines and counseling developed Care providers and peer educators trained Baseline data collection completed	\$420,183 (\$200,000)	Chiang Mai University, AIDS, TB, STIs Bureau & Office of Disease Prev. & Control, CDC-10 Upper No. Thai PLHA Network Northern NGOs Coalition on AIDS
Uganda I.R.4.3 Reduce Constraints	Transcending boundaries to improve food security of AIDS-affected households ID: Horizons #239 Sub #AI03.33; AI03.41A 7/03 – 7/06 Laelia Gilborn Karusa Kiragu Ellen Weiss	Formation of policy group, implementation of community action plans. Greater understanding of how to improve food security in AIDS-affected households. Changed food policies. Implementation of community action plans. Improved food security at household level.	By Oct 1, 2003: Proposal approved Initial data collected Expected by Oct 1, 2004: Form policy action committee Select study sites Conduct formative research Produce policy brief on labor saving technologies Conduct trainings Conduct community baseline survey Analyze baseline data Design community-level intervention Begin implementation of community-based intervention	\$527,789 (\$225,000)	NARO, TASO, ICRW

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Zambia I.R. 4.1 Reduce Sexual Risk	Decisions to seek HIV-VCT among Zambian adolescents: Influences of individual, familial, and environmental factors ID: Horizons #238 Sub #A103.27A 6/03 – 11/04	Data on opinions of young people and their parents. Design of a youth-friendly component in the Hope Humana Clinic. Greater use of VCT services by young people. Number of youth reached. Number of youth tested for HIV. Reasons understood for seeking VCT.	By Oct 1, 2003: Proposal approved Expected by Oct 1, 2004: Baseline data collected Field survey begun	\$38,600	JHU School of Public Health, HOPE Humana
Zambia I.R. 4.3 Reduce Constraints	Ann McCauley Caring for health workers: Addressing psychosocial burden of HIV/AIDS on health personnel in Zambia ID: Horizons #242 7/03 - 1/06 Karusa Kiragu	A tested model on how the psychosocial burden of health workers. Reduction in risk behaviors among health workers and of gender-based vulnerability; increased use of VCT and STI services, reduction of stigma and of HIV-related burnout; support for health workers living with HIV/AIDS. Guide for HWs re HIV/AIDS in the workplace. Knowledge and attitudes about HIV/AIDS. Norms around gender and sexuality. Adoption of safer sex behaviors.	By Oct 1, 2003: Proposal approved Expected by Oct 1, 2004: Intervention under way Hospital-centered manual developed and under use Peer support groups established HIV/AIDS referral under way Baseline report completed Cost data collection under way Monitoring system in place	\$236,600 (\$118,000)	ZHIP-SERV, Zambia Nurses Association, Institute of Economic and Social Research
Zambia I.R. 4.3 Reduce Constraints	Elka Williams Promoting the sustainability of PLHA care and support activities by young people in Zambia (Phase II) ID: Horizons #31 InHouse #11772 4/03 - 8/04	Local resources and development of management committee mobilized to promote sustainability of youth care activities. Long-term trends tracked in behavior change among youth caregivers; impact of community involvement looked at in meeting needs of PLHA and stigma reduction.	Expected by Oct 1, 2004: Study completed	\$69,950	Luapula Foundation, Mansa Catholic Diocese, District AIDS Task Force, Ministry of Education, Youth Forum Zambia

Activity Location & Intermediate Result	Abbreviated Activity Name, Horizons ID, Start and End Dates, Staff Responsible	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones	Budget Total (04 Obligations)	Partners
Zambia	Community education and referral for supporting adherence to ARV treatment and prevention for PLHA I.R. 4.1 Reduce Sexual Risk ID: 1/04 - 12/06 (est) Chris Castle Eka Williams	Determine effect of a community education and referral mechanism for supporting adherence and prevention for people with HIV; levels of stigma and discrimination towards PLHA; community involvement in supporting adherence; health seeking behaviors (VCT, STI treatment, counseling etc); and process described for involving PLHA in the intervention.	By Oct 1, 2003: Concept paper completed and circulated Expected by Oct 1, 2004: Proposal approved Instruments developed Baseline data collected Report completed	\$309,621 (\$101,200)	Central Board of Health/Gov of Zambia, International HIV/AIDS Alliance + Alliance Zambia, Archdiocese of Lusaka, Catholic Diocese of Ndola, Zambia
Zimbabwe	Examining the feasibility and acceptability of post-test services for VCT clients I.R. 4.1 Reduce Sexual Risk ID: Horizons #248 6/03 - 6/04 Naomi Rutenberg Susan KaaI	Analysis of acceptability and feasibility of post-test services. Identification of important elements of VCT post-test services and recommendation of their role in clients' lives. Expansion of services depends on findings.	Expected by Oct. 1, 2004: Post-test service interventions developed Feasibility assessed Recruitment of study participants for trial completed	\$150,000	MOH Zimbabwe, PSI
Zimbabwe	Exploring psychosocial & behavioral impacts of the Masiye camp for orphans & vulnerable children I.R. 4.3 Reduce Constraints ID: Horizons #247 1/03 - 6/04 Laelia Gilborn Lewis Ndlilovu	Report on orphan support program. Increased social, psychological, and physical well being of orphan and vulnerable children in Zimbabwe.	Expected by Oct 1, 2004: Proposal approved Survey completed Data analyzed Dissemination activities undertaken Final report drafted	\$60,000	REPPSI

IV. PROGRAM MANAGEMENT

Management Approach & Objectives

Horizons' management objectives are as follows:

- Maintain a cohesive Program team with shared purpose and vision
- Maintain a collaborative and supportive work environment
- Encourage innovative ideas and approaches
- Maintain open lines of communication
- Respect diverse professional views

Under the leadership of Program Director Andrew Fisher, Horizons staff and the Program Direction Team share responsibility for managing projects. In addition to Fisher, the team is composed of Deputy Director Johannes van Dam, Research Director Naomi Rutenberg, Research Utilization Director Ellen Weiss and Operations Director Beverly Ben Salem. Based in the Washington DC office, this team coordinates all aspects of the Program, with responsibilities that include:

- Providing leadership for the Program
- Maintaining high ethical and scientific standards
- Ensuring sufficient human and financial resources for developing and implementing studies, analyzing results and reporting findings
- Promoting dissemination and use of study results
- Meeting contractual requirements of the Cooperative Agreement
- Liaising with collaborators and constituents, including
 - USAID & other Strategic Objective 4 contractors
 - Population Council offices and programs
 - Institutions relevant to HIV/AIDS, including six partner organizations
- Revising policies/procedures, as needed
- Providing support to Horizons staff in DC and overseas

Support for Staff Overseas

Last year, an internal system was put into place to promote optimal support and enhance communication between DC and Program staff in offices outside the U.S. Direction Team members and offices for which they act as "Geographic Point Persons" are as follows:

- Nairobi ---Naomi Rutenberg
- New Delhi & Johannesburg -- Johannes van Dam
- Bangkok --- Andrew Fisher
- Accra --- Beverly Ben Salem

Geographic Point Persons periodically visit their designated offices. During each visit, they are expected to cover a wide range of issues, both technical and administrative, e.g. current work activities, upcoming activities, administrative issues, problems, relations with Missions, study partners and/or others.

These visits to staff in offices abroad are intended to compensate for being unable to bring all staff to the US for yearly meetings, due to the cost. We prefer to utilize savings thus realized for carrying out research.

Previously, we held two staff retreats, as well as two all-staff strategic planning meetings in Washington, the most recent of which occurred in June 2001. These occasions were important to forging Horizons staff into a team, making staff specializations known to each other, and identifying and refining research agendas. We believe that all-staff meetings are vital for identifying new directions, orienting new staff to the Program approach, coordinating program responsibilities and stressing timelines for completion of work. Unfortunately, due to budgetary constraints we do not plan to hold further all-staff meetings. Instead, we will arrange to hold meetings in conjunction with staff who attend international conferences.

Human Resources

The Project Direction Team foresees the need for shifts in staff placement and function, to ensure that activities in Washington as well as abroad are closely monitored and supported. As Horizons enters year seven in a ten-year lifespan, the number of staff has decreased to accommodate reduced annual budget allocations and changed circumstances. An updated organizational chart is located at the end of this section.

New staff

Louis Apicella, formerly at CDC, joined Horizons/DC in August 2003, replacing Roberto Valverde as data analyst. Mr. Apicella's activities will be coordinated with Scott Geibel, Horizons data analyst, based in Nairobi since January 2002. He will provide technical support to Horizons staff, initially in Washington and around the globe, as needed. Due to budget concerns, we do not plan to add full-time senior international-hire staff.

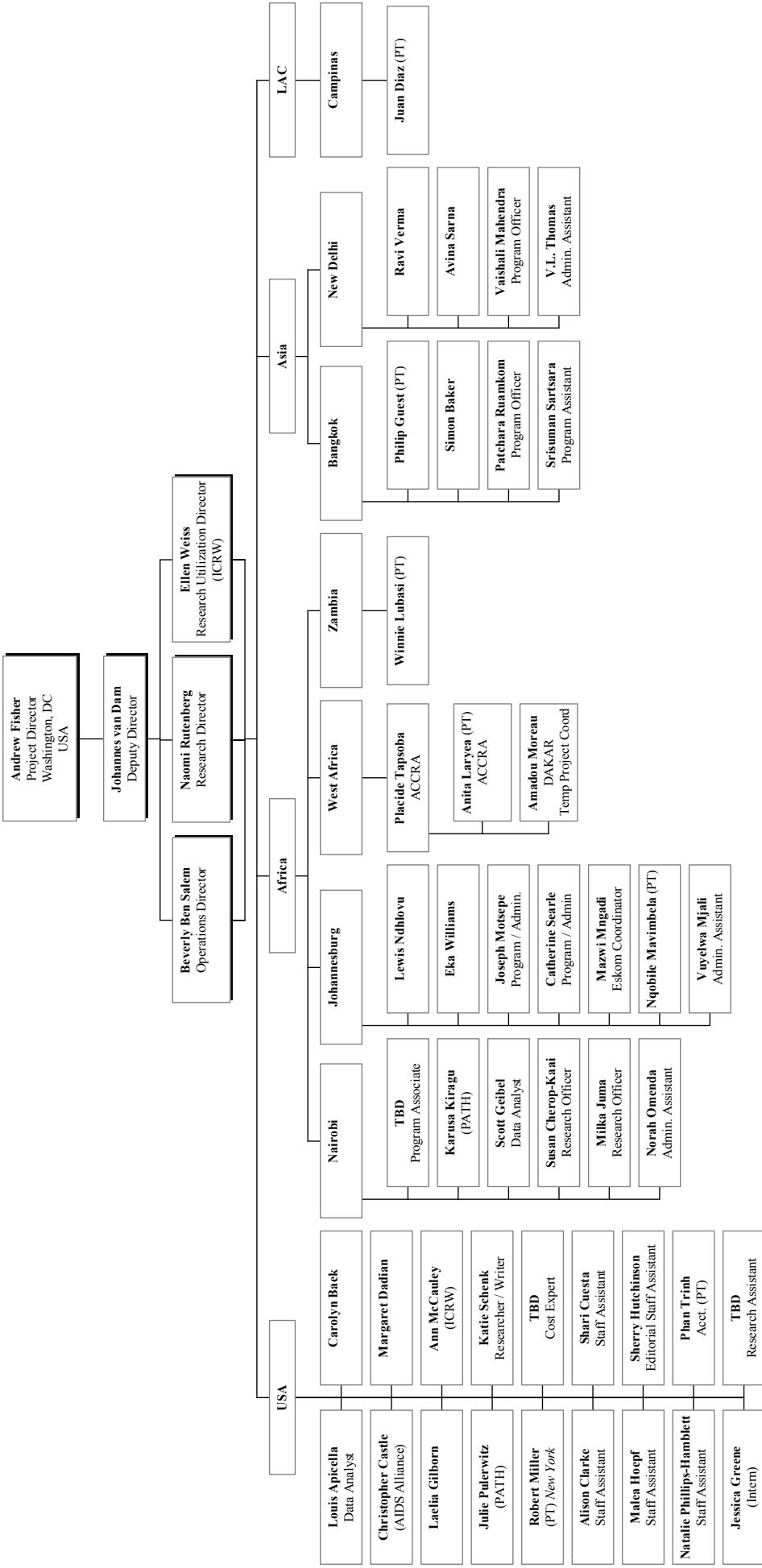
Departing staff

Dr. Sam Kalibala left Horizons in July 2003 to become the Regional Representative in East Africa for the International AIDS Vaccine Initiative (IAVI). Due to budget constraints we do not plan to fill his former position with Horizons. We are considering a part-time replacement for the Washington-based cost expert, who left her parent organization, FHI.

Partnerships

Close collaboration between Horizons and its six institutional partners will continue in the coming year. Meetings to discuss Program management are organized on an as needed basis. We plan to hold such a meeting in November 2003, to discuss mutual concerns.

Horizons Program Organizational Chart



V. TRAVEL MATRIX

Activity	Type of Expertise	Purpose of Travel	Region or Country	Number/Duration of Trips
Meetings and Conferences	Washington DC based technical OR staff and/or staff partners	Networking and coordination. Regional meetings and conferences	Kenya (ICASA) LAC, Europe, Asia, Australia	14 trips x 1 week
Meetings and Conferences	Washington DC based technical OR staff and/or staff partners	Attend professional meetings	U.S., incl. APHA , Global Health, Intl Health Economics , PAA	8 trips x 1 week
Meetings and Conferences	Washington DC based technical OR/operations staff and/or staff partners	Planning meeting(s) and conferences	U.S./UK (incl. Seattle, Brighton)	6 trips x 5 days
Operations Research Studies	Washington DC based technical OR/operations staff and/or staff partners	Discuss/liaise with Pop. Council staff on Horizons activities	New York	34 trips x 2 days
Operations Research Studies	Washington DC based technical OR staff and/or staff partners	Project development, monitoring and supervision for operations research study activities	East and Southern Africa (incl. Kenya, Uganda, Zambia, Zimbabwe, Ethiopia, Rwanda, Mozambique)	44 trips x 2 weeks
Operations Research Studies	Washington DC based technical OR staff and/or staff partners	Project development, monitoring and supervision for operations research study activities	South and Southeast Asia (incl India, Thailand, Nepal, Vietnam, Indonesia, Cambodia, Bangladesh)	13 trips x 2 weeks
Operations Research Studies	Washington DC based technical OR staff and/or staff partners	Project development, monitoring and supervision for operations research study activities	West and Central Africa (incl Ghana, Mali, Burkina, Senegal, Nigeria)	13 trips x 2 weeks
Operations Research Studies	Washington DC based technical OR staff/staff partners and/or staff partners	Project development, monitoring and supervision for operations research study activities	Latin America (incl. Mexico, Brazil, Nicaragua, Ecuador)	9 trips x 2 weeks

Activity	Type of Expertise	Purpose of Travel	Region or Country	Number/Duration of Trips
Operations Research Studies	Washington DC based technical OR staff and/or staff partners	Discuss operations research study activities with UNAIDS and/or European donors	Geneva, other Europe	15 trips x 1 week
Disseminate Horizons research results and effective practices in HIV/ AIDS prevention and care	Washington DC based communications and dissemination staff	Meet with Population Council/NY staff to plan and carry out dissemination and publications functions	New York	4 trips x 3 days
Disseminate Horizons research results and effective practices in HIV/ AIDS prevention and care	Washington DC based communications and dissemination staff	Organize Horizons dissemination and press activities at AIDS conferences	East & Southern Africa	3 trips x 10 days
Disseminate Horizons research results and effective practices in HIV/ AIDS prevention and care	Washington DC based communications and dissemination staff and/or staff partners	Organize Horizons dissemination and press activities at AIDS conferences	South and Southeast Asia	1 trip x 1 week
Disseminate Horizons research results and effective practices in HIV/ AIDS prevention and care	Washington DC based communications and dissemination staff and/or staff partners (e.g. Tulane)	Discuss with CDC staff and disseminate study results	Atlanta	2 trips x 2 days
Meetings and Conferences	Bangkok based technical OR staff	Networking & coordination. Attend professional/ regional meetings and international conferences	India and South Asia (incl Japan, Delhi, Australia) Geneva, London	4 trips x 1 week
Operations Research Studies	Bangkok based technical OR staff	Project development, monitoring, technical assistance, and supervision	Southeast Asia	33 trips x 5 days

Activity	Type of Expertise	Purpose of Travel	Region or Country	Number/Duration of Trips
Meetings and Conferences	New Delhi professional staff	Networking & coordination Attend professional/ regional meetings and international conferences	India, Bangladesh, Nepal, other Asian countries	20 trips x 1 week
Operations Research Studies	New Delhi professional staff	Project development, monitoring, technical assistance & supervision	India, Bangladesh, Africa, Southeast Asia	24 trips x 5 days
Meetings and conferences	New Delhi and Bangkok professional staff	Planning meetings and conferences	U.S.	4 trips x 10 days
Meetings and conferences	Principal Investigators (Asia)	Present study results	Bangkok, Delhi Other Asia	2 trips x 1 week
Meetings and Conferences	East/Southern Africa based technical OR staff	Networking & coordination Attend professional/ regional meetings and international conferences	Kenya, South Africa, Zambia, Zimbabwe, Botswana, Tanzania, Thailand	10 trips x 1 week
Meetings and Conferences	East Africa based technical OR staff	Work with UNAIDS	Geneva	2 trips x 5 days
Meetings and Conferences	East, South Africa professional staff	Planning meetings and conferences	U.S.	6 trips X 10 days
Operations Research Studies	East, South Africa based technical OR staff	Project development, technical assistance, monitoring and supervision for operations research study activities	West and Central Africa (Mali, Senegal, Burkina, Ghana, Nigeria)	4 trips x 1 week
Operations Research Studies	East Africa based technical OR staff	Project development, technical assistance, monitoring and supervision for operations research study activities	East Africa (Kenya, Uganda, Rwanda, Ethiopia, Tanzania)	29 trips x 1 week

Activity	Type of Expertise	Purpose of Travel	Region or Country	Number/Duration of Trips
Operations Research Studies	East/Southern Africa based technical OR staff	Project development, technical assistance monitoring and supervision for operations research study activities	Southern Africa (Zimbabwe, Zambia, South Africa, Mozambique)	52 trips x 1 week
Meetings and Conferences	West Africa professional staff	Planning meetings and conferences	U.S.	1 trip x 10 days
Meetings and Conferences	West Africa professional staff	Networking & coordination Attend professional / regional meetings and international conferences	Kenya, South Africa, Senegal, other African countries, Thailand	2 trips x 1 week
Operations Research Studies	West Africa based technical OR staff	Project monitoring, technical assistance, and supervision	West and Central Africa (Mali, Senegal, Burkina Faso, Nigeria, East Africa: Rwanda, Madagascar, Kenya, South Africa)	6 trips x 1 week
Meetings and Conferences	Principal Investigators (Africa)	Present study results	Kenya, South Africa, West Africa, Geneva, Thailand	5 trips x 1 week
Operations Research Studies	Consultants	Project technical assistance, monitoring and supervision for operations research study activities	Africa	2 trips x 1 week
Operations Research Studies	Consultants	Project technical assistance, monitoring and supervision for operations research study activities	Asia	2 trips x 1 week
Operations Research Studies	Consultants	Project monitoring and supervision for operations research study activities	Latin America/Caribbean	2 trips x 1 week